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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Honeycutt, et al.
Appl. No. : 09/737,165 ✓
Filed : December 14, 2000
For : ROTATIONAL ATHERECTOMY
DEVICE
Examiner : Kevin T. Truong

Group Art Unit 3731

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, on

November 3, 2003

(Date)

James W. Hill, M.D., Reg. No. 46,396

RESPONSE TO OCTOBER 1, 2003, RESTRICTION REQUIREMENT

United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office Action mailed October 1, 2003. The Examiner has required restriction to one of five (5) inventions:

Group I: Claims 1-10, 21, 29-34, and 60-71, drawn to a rotational medical device, classified in Class 606, subclass 170;

Group II: Claim 35, drawn to a rotational atherectomy and aspiration catheter, classified in class 606, subclass 172;

Group III: Claims 41-56, drawn to a rotational medical device, classified in class 606, subclass 170;

Group IV: Claims 72-73, drawn to a rotatable tip comprising a radially inwardly extending annular recess, classified in class 604, subclass 22; and

Group V: Claims 57-59, drawn to a rotational device comprising an indicator for indicating changes in flow through the aspiration lumen, classified in class 606, subclass 180.

(Please note that Groups IV and V are enumerated in reverse order in the Office Action.)

Applicant hereby elects, without traverse, to prosecute the claims directed to Group I in the present application. Applicant reserves the right to pursue the remaining claims in one or more divisional applications. Accordingly, Applicant respectfully requests examination on the merits of Claims 1-10, 21, 29-34, and 60-71.

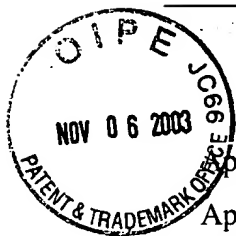
Please charge any additional fees or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 11/3/03

By: James W. Hill, M.D.
James W. Hill, M.D.
Registration No. 46,396
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AMENDMENT / RESPONSE TRANSMITTAL

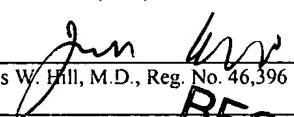
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CERTIFICATE OF MAILING

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 James W. Hill, M.D., Reg. No. 46,396

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Response to October 1, 2003 Restriction Requirement in two (2) pages.


The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	51 - 51 = 0	1202 (\$18)	0 x 18 =	\$0.00
Independent Claims	10 - 10 = 0	1201 (\$86)	0 x 86 =	\$0.00
Multiple Claim		1203 (\$280)		\$0
			TOTAL FEE DUE	\$0.00

(X) No fee is believed to be due.

(X) Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.


 James W. Hill, M.D.
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 Attorney of Record
 Customer No. 20,995
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